



PTO/SB/17 (12-04)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

JRW

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete if Known

Application Number	09/882,171-Conf. #9197
Filing Date	June 18, 2001
First Named Inventor	Steven M. Ruben
Examiner Name	J. Martinell
Art Unit	1631

Attorney Docket No. PZ002P2C1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>
------------------------------	-----------------

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
---------------------	---------------------	-----------------	----------------------

<u>Multiple Dependent Claims</u>	
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
----------------------	---------------------	-----------------	----------------------

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-----------------	----------------------

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
---------------------	---------------------	---	-----------------	----------------------

- 100 = _____ /50 (round up to a whole number) x _____ = _____

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	47,088	Telephone	(301) 354-3932
Name (Print/Type)	Doyle A. Siever		Date	12/17/2004	



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Ruben et al.

Docket No.: PZ002P2C1

Application No.: 09/882,171

Confirmation No.: 9197

Filed: June 18, 2001

Art Unit: 1631

For: 186 Human Secreted Proteins

Examiner: J. Martinell

**AMENDMENT UNDER 37 C.F.R. § 1.115 AND PROVISIONAL ELECTION
WITH TRAVERSE UNDER 37 C.F.R. § 1.143**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed November 17, 2004 (Paper No. 111304), please enter the following amendments and consider the following remarks and provisional election, *with traverse*. Applicants submit concurrently herewith: (a) an Information Disclosure Statement Pursuant to 37 C.F.R. § 1.56 with a Form PTO/SB/08 and copy of references A-AO; and (b) a Fee Transmittal Sheet (in duplicate).

Amendments to the claims begin on page 2.

Remarks begin on page 5.